



CORNERSTONE CHILDREN'S CENTRE
611 Fifth Street, Nelson, BC, V1L 2X1
250-352-9910 ccc.nelsondaycare@gmail.com

PARENT/CAREGIVER AGREEMENT

Cornerstone Children's Centre agrees to provide care for _____
(child/ren)
 in a professional, competent and nurturing manner.

We have provided Parents and/or Guardians with a copy of our **Parent Handbook** which includes our **Philosophy, Guidance, Emergency** and other **Policies and Procedures**.

Cornerstone agrees to maintain strict confidentiality of information regarding to the care and education of all children and regarding their families. Concerns and/or questions that may arise will be addressed directly with parents in private and at an appropriate time.

I have read, understand and accept Cornerstone's Statement of Philosophy, Guidance, Emergency and other Procedures and Procedures. _____(initial)

I am aware of the **Parent Involvement** aspect of Cornerstone's Program as outlined in the Parent Handbook and I am willing to accept my share of these responsibilities _____(initial)

I have been informed of the **Christian Values** that provide the foundation of Cornerstone Children's Centre's philosophy. _____(initial)

I give permission for our names, our child(ren)'s names and primary phone number to be published and shared with other families at Cornerstone. Yes____No _____

ILLNESS / EMERGENCY

- I will not send my child(ren) to Cornerstone Children's Centre if he/she is ill, and I will notify theCentre if my child(ren) has come in contact with a communicable disease.__(initial)
- I have read and agree to the **COVID 19 Policy and Procedures**._____ (initial)
- I understand Cornerstone's **Medical Emergency Procedures** and I authorize Cornerstone to contact a physician or ambulance if I, the parent, or guardian cannot be reached immediately. _____(initial)
- I will accept responsibility for any ambulance expenses. _____(initial)
- I will provide Cornerstone staff with the "**Consent to Administer Medication**" (when applicable) I will ensure that the form is filled out and signed, as I am aware that Cornerstone staff cannot administer medication to my child without my written permission. _____(initial)

TOILETING

- I understand that Cornerstone is not geared to toilet train children, though we will encourage them to use the toilets. _____(initial)
 - I understand that if my child is not toilet trained that I would bring all necessary items,ie: pull ups, change pad, wipes, extra clothes.__(initial)

FIELD TRIPS - September 1st to June 30th

- I give permission for my child to participate in spontaneous walking trips within a 7-block radius of the Centre _____(initial) *This includes Rotary Lakeside Park.*
- I have been informed that except for the above-mentioned activity, a separate consent form will be issued, and Cornerstone will give notice of pre-planned field trips, outings and activities. A separate Field Trip permission form will be required for Summer Care. _____(initial)

PHOTOGRAPHS

- I understand that my child’s picture must be taken and kept with the emergency consent cards, as per Licensing regulations, and that this information will be taken by a staff member on all outings and fieldtrips. _____(initial)
- I give permission for my child(ren)'s photograph to be taken and used for general advertising on our website, Facebook page and shared in our ‘visual learning’ displays. _____(initial)

FEES & ABSENCES

- I have received a copy of Cornerstone’s **Fee Schedule** and agree to the terms of payments in advance and in full at the beginning of each month or within one week of being invoiced. _____(initial).
- In the event of my child(ren)'s absence due to illness, play dates or weather, I understand I am still responsible for full payment unless. _____(initial)
 - Parents are asked to inform Cornerstone if their child will be absent from their scheduled day due to illness, etc., as a common courtesy to staff and other families.
- I agree to give thirty (30) days written notice when my child(ren) is being withdrawn from our programs. An agreed upon fee of ONE MONTH’S FEE may be submitted in lieu of notice. _____(initial)
- Cornerstone agrees to hold your child’s space for a maximum of 2 weeks per year provided we have been given a minimum 2 weeks written notice. Please note that this includes, but is not limited to, absences due to vacations/holidays. _____(initial).

Cornerstone Children's Centre is open on school PRO-D Days; but we are closed for all statutory holidays, including Easter Monday. We are also closed if the School District closes the schools for a ‘snow day’.). _____(initial)

SIGNED _____
(Parent/Guardian)

DATE _____

SIGNED _____
(Cornerstone)

DATE _____